



SECTION ONE: **DESCRIPTION OF APPLICANT AGENCY/ORGANIZATION**

IDENTIFYING INFORMATION

- I. **Official Name of Agency/Organization (Agency) as listed with the Kentucky Secretary of State:**
Raymond A. Kent School of Social Work
- II. Organization number as listed with the Kentucky Secretary of State: 0053303
- III. List any "working" or "does business as" names for organization: **University of Louisville Foundation**
- IV. Address of main office: (street and zip + 4) **Raymond A Kent School of Social Work, Attn: Ann Whitaker, 209 Oppenheimer Hall, University of Louisville, Louisville, KY, 40292**
- V. P. O. / mailing address if different: _____ (zip + 4) _____
- VI. Phone # (502) 852-4919 Fax# (502) 852-0422
- VII. E-Mail ann.whitaker@louisville.edu
- VIII. **Agency's Legal Signatory/Title**
Name Dr. James Ramsey
Title- President
- IX. **Contact person responsible for application:**
A. Name: Ann Whitaker
B. Phone # (502) 852-4919 Fax# (502) 852-0422
C. E-Mail ann.whitaker@louisville.edu

DESCRIPTION OF AGENCY

- I. **Describe your Agency's vision, mission and services:**
The mission of the Kent School of Social Work is to produce doctorally trained social workers who conduct research and other scholarly work at the highest level, teach in CSWE accredited schools of social work, and hold leadership positions in the city of Louisville, as well as other governmental agencies.

- II. Total number of Board members 15
- III. Number of Board meetings held to date in current fiscal year 4
- IV. Average attendance at Board meetings 14

FACILITIES

- I. List location(s) and terms (owned, rented, leased, or donated).
- A. Patterson Hall at U of L
- B. Oppenheimer Hall at U of L
- C. Bringham Hall at U of L

FINANCIAL INFORMATION

I. Agency's fiscal year from (month) 07/08 to (month) 06/09

II. Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? No Yes X

III. If yes, please explain. Due to state budget cuts, the projected budget for the Kent School PhD program will have a smaller budget. The impact is unable to be predicted at this time.

IV. For the **current fiscal year**, list funds received from Louisville Metro Government, including funds from any department, office, etc. in either the former City of Louisville or Jefferson County.

\$ _____ Source: _____

\$ _____ Source: _____

V. Provide one copy only of each of the following, as appropriate (4 points):

- A. Articles of Incorporation.
- B. Approved budget or executive summary for your Agency's current fiscal year.
- C. Proof of IRS 501(C) status, or application for this IRS status, if applicable.
- D. Staffing structure for entire Agency, including organizational chart.
- E. Board member list; specify chair, vice-chair, secretary, and treasurer.
- F. **If** your Agency is an employer required to have a written Affirmative Action/Equal Employment Opportunity policy: copy of policy.
- G. **If** rent/occupancy costs are being requested: copy of the signed lease.
- H. **If** program participants have the opportunity to evaluate the services received: one copy each of any forms used.

VI. List below any relationship any members of your Board of Directors or employees have with any Metro Council Member, Council Member's family, Council Member's staff, or any Louisville Metro Government employee.

VII. I certify under the penalty of law that the information in this application is accurate to the best of my knowledge. I am aware that my Agency will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the Agency.

Name of Legal Signatory: (type or print) James Ramsey

Title: _____

Signature _____

Date / /